			Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECO									10/721593					
Effective October 1, 2003										76	9. 5 .	9-18	6003	į
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE			OR	OTHER	THAN ENTITY	
TOTAL CLAIMS			26		<u> </u>		•	RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	EΕ	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			76 _minus 20=		·6		•	X\$ 9			OR	X\$18=	108	m
INDEPENDENT CLAIMS			minus 3 =		2			X43=			OR	X86=	172	B
ML	JLTIPLE DEPER	NDENT CLAIM P	RESENT								l _{OR}	+290=		
- 11	the difference	in column 1 is	less than zo	ess than zero, enter "0" in column 2			١	TOTA	נ		OR	TOTAL	100	OD
CLAIMS AS AMENDED - PART II 3-1-05 (Column 1) (Column 2) (Column 3)									LE	NTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	• 2	6	.!		· X\$ 9=			OR	X\$18=		
LIME	Independent	. 5	Minus	Z	5	·	\	X43≈	T		OR	X86=	·	
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			+145=			OR	+290=		
												TOTAL		
8	-22-05	•	VDDIT. FE	ΞĻ		JUA .	ADDIT. FEE							
	~~ <u>~</u>	CLAMS		(Colum	EST	(Column 3)	ſ	-	Т	ADDI-	1 1		ADDi-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY '	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	· 26	Minus	- 2	6.			X\$ 9=	1		OR	X\$18=		
	Independent	. 6	Minus	(3	-		X43=	1		OR	×36.	200.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									†		OR	+290=		
	//						L	+145=			OR	TOTAL	200	
9	122/05	(Column 1).		/Cal		(Column 0)	A	ODIT. FE	EL		JOA	ADDIT. FEE		•
	\ /	CLAIMS	·	(Colum	. \$1	(Column 3)	Г	-		ADDI		-	3004	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	l	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
NON.	Total	. 76	Minus	- 26	2		F	X\$ 9=	1	•	OR	X\$18=		
AME	independent	* 6	Minus	(₂				X43=	1		OR	X86=		٠
نا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	†			+290=		
* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.												+230a TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEE														
7	rne Trighest Num	per Previously Pal	o For (Total or	and pende	ntl) is the	highest number	tour	nd in the a	appro	opriate box	in col	uma 1.		

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